

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90450 021 ***150.00

DOCUMENT # P04000169415 *12支票上填写*

1. Entity Name
OVERSEAS ECONOMIC TRADING COR.



Principal Place of Business
**5590 NW 161ST ST
HIALEAH, FL 33014**

Mailing Address
**5590 NW 161ST ST
HIALEAH, FL 33014**

DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2031275

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHAO, LIZHOU
8337 NW 142 ST
HIALEAH, FL 33016**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAO, LIZHOU
STREET ADDRESS	8337 NW 142 ST
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VTS
NAME	FU, CHANGBAO
STREET ADDRESS	18824 NW 78 PL
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 305-6226763